

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$100.00 for date of service 02/12/02.
- b. The request was received on 05/15/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. EOBs from other carriers
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/13/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/14/02. The response from the insurance carrier was received in the Division on 06/27/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 06/12/02

“Enclosed please find copies of the operative report, conscious anesthesia record, two explanation of benefits, and three other insurance carrier explanation of payments (for fair and reasonable DOP code). On 3-21-02 the insurance carrier reviewed and reduced this bill. The insurance carrier sent a denial EOB on 4-29-02 for the reconsideration for the disputed code, but we feel this code should be reimbursed in full because we feel the charge is fair and reasonable. \$100.00 is still due from the carrier for this code.”

2. Respondent: Letter dated 05/28/02

“The requestor billed code 01999 for an unlisted anesthesia procedure, along with facet injections and fluoroscopy. The definition of codes 64442 and 64443 that were performed are ‘injection, anesthetic agent’. So this provider has billed an anesthesia code (01999) for a procedure that is to inject an anesthetic agent (64442 & 64443). Per the TWCC Medical Fee Guideline Anesthesia ground rules page 195 (V) (D)...”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/12/02.
2. The explanation of denial listed on the EOB is “M-NO MAR SET BY TWCC-REDUCED TO FAIR AND REASONABLE.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/12/02	01999	\$200.00	\$100.00	M	DOP	TWCC Act & Rules Sec. 413.011 (d), Rules 133.304 (i) & 133.307 (g)(3)(D)	<p>The provider billed in accordance with the referenced Rule. There is medical documentation indicating that the services were rendered.</p> <p>The carrier as required by Rule 133.304(i) submitted no evidence of a methodology.</p> <p>The Medical Review Division must review the evidence submitted to determine which party has provided the most persuasive evidence to support fair and reasonable since there is no MAR. The carrier has failed to submit a methodology. The provider submitted some evidence of fair and reasonable. Per Rule 133.307(g)(3)(D), the provider must submit “...documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title (relating to Definitions) and § 134.1 of this title (relating to Use of the Fee Guidelines);”.</p> <p>Therefore, based on the evidence submitted by the provider reimbursement is recommended in the amount of <b>\$100.00</b>.</p>
<b>Totals</b>		\$200.00	\$100.00				The Requestor is entitled to reimbursement in the amount of <b>\$100.00</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$100.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21<sup>st</sup> day of February 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb